

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		4-4-00
O.I.P.E. CLASSIFIER		49	4/10/00
FORMALITY REVIEW	1000	68971	6/15/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/30/02
2	✓	✓	5/27/03
3	✓	✓	12/16/03
4	✓	✓	
5	✓	✓	
6	0	0	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	0	0	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	0	0	
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If more than 150 claims or 10 actions  
staple additional sheet here

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